

Domestic Violence Shelter Inspection Checklist

Name of Program: _____ Date: _____
 Address: _____

Items	Yes	N/A	No	Notes
Office of Licensing- Domestic Violence/Residential Tx Program				
Display of all Business and DHS Licenses for the Shelter				
How many survivors and children are currently residing in the shelter at the time of our visit?				Adults: Children:
How many staff on shift?				
Facility Eligibility for Medicaid				a. 16 beds or fewer b. Facilities on Same or Continuous Property
Bedrooms and Bathrooms				
*Fire Extinguisher(s) and Smoke Detector(s)				
*First-Aid Kit (Placement)				
*Transportation- Tires and Operable Seatbelts, First-Aid Kit				
*Locked Medication and Logs(s)				
*Written Fire Escape Plan & Quarterly Fire Drill Documentation				
*Locked Hazardous Materials- Gasoline, Bleach, aerosol (not Windex)				
Overall Cleanliness of the Placement				

Revised 4/14/15